

Cervical Cancer Research and Evaluation Activities

Cervical Cancer Screening Policy: Clinical and Economic Outcomes

The Centers for Disease Control and Prevention (CDC) is working with the University of California at San Francisco on a study that involves an evaluation of cervical cancer screening policies and practices among women enrolled in the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). Because funding allows the NBCCEDP to reach approximately 12% to 15% of uninsured women nationally, the program currently focuses on providing screening services to never and rarely screened women who are at greatest risk for cervical cancer. This study will investigate whether it is cost-effective to screen younger women (30 years of age or younger) more often than older women, and whether women who are screened often and have normal test results can safely be screened at longer intervals without increasing their risk of cervical cancer. Decision analysis, cost-effectiveness, and cost-utility modeling are being done using the NBCCEDP screening data. The results may clarify whether it is cost-effective to recruit a high proportion of the population at risk and screen them infrequently, rather than recruit a low proportion and screen them often. Results are expected in 2003.

Assessment of Follow-up for Women with Abnormal Papanicolaou (Pap) Test Results

Pap screening data from the NBCCEDP are being analyzed to examine the patterns of follow-up

for women with Pap test results showing atypical squamous cells of undetermined significance or low-grade squamous intraepithelial lesions. This study will determine if women enrolled in the NBCCEDP had their abnormal findings managed according to Consensus Guidelines developed by the American Society for Colposcopy and Cervical Pathology. For those women whose follow-ups were not consistent with these Guidelines, analyses will be conducted to determine what factors (e.g., race/ethnicity or age of the women, regional differences) may have been associated with their health care providers' lack of adherence to guidelines. Published results are expected in 2003.

Distributions of Treatment Costs for Cervical Cancer and Its Precursors

This study is designed to estimate inpatient admission costs for treatment of cervical dysplasia and cervical cancer in the United States and to analyze the determinants of these costs. The study used 1994–1997 hospital inpatient admission information from a private insurance database, reviewing almost 1,500 records with a primary diagnosis of dysplasia, carcinoma in situ, or cervical cancer. Managed care costs were compared with fee-for-service costs. Treatment costs were measured by total payments. Mean cost per inpatient admission claim was \$9,575. Results indicate that managed care plans were less expensive than comprehensive fee-for-service coverage plans. Complete findings are expected to be published in 2003.

For more information, please contact:

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